

**New Jersey Department of Health**  
**INSTRUCTIONS FOR COMPLETING THE HFEL-5,**  
**CY 2017 AMBULATORY CARE FACILITY FINANCIAL REPORT**

**Column A, All visits** – Report each billable visit to the licensed facility.

**Column B, Gross charges** – Report the amount of the gross charges before payer allowance deductions. Includes charges from all services provided within the licensed facility.

**Column C, Gross receipts** – Report the amount of collected revenue after payer allowance deductions. Includes receipts from all services provided within the licensed facility.

***Payer Categories:***

**Line 1, Medicare** – Report amounts and visits for Medicare Fee-for-Service and HMO patients.

**Line 2, Medicaid** – Report amounts and visits for Medicaid Fee-for-Service and HMO patients.

**Line 3, Other Government Payer** – Report amounts and visits for other government payers, such as TriCare (Champus) patients.

**Line 4, Commercial** – Report amounts and visits for patients with insurance from commercial payers, including fee-for-service and HMO patients.

**Line 5, Self Pay** - Report amounts and visits for patients with no insurance coverage who were billed by the facility.

**Line 6, Others** - Report amounts, visits, and/or all other gross receipts that do not fit into the above listed categories.

**\* Check Off** – Check box if: 1) the facility first opened during CY 2017, or 2) the facility transferred ownership during CY 2017 and the CY 2017 gross receipts of the previous owner are not included.

**Voluntarily Submitted Information for Charity Care Services** - Report amounts and visits for patients who received reduced or no-fee care based upon their ability to pay. Submission of this information is voluntary for the CY 2017 financial report, and does not reduce total gross receipts in determining the SFY 2019 assessment.

***If an outside consultant prepared the report, the accompanying form should be signed by the license holder in addition to the person who prepared the report. The certification section on the bottom of the report is required for submission to be considered complete.***